



**Service Academy Nomination Application Packet** 

**Classes Entering 2012** 





#### **Eligibility Requirements**

- 1. Must meet the basic requirements of the Academies:
  - Be unmarried, not pregnant, and have no legal obligation for a child or other dependents.
  - Must be a United States citizen.
  - Must be at least 17 years old but not older than 21 years old.
- 2. Must be a domiciled and legal resident of the Fifth Congressional District of Virginia. If you have a question about your residency, please contact Ms. Shani Shorter in my Danville District office at (434) 791-2596
- 3. Take the SAT or ACT as soon as possible. Please have your scores sent directly to the Danville District office. The Fifth District SAT Code is: 5988. The Fifth District ACT Code is: 7728.
- 4. Please submit the additional required information:
  - Application signed by applicant and parent/guardian if necessary.
  - Three letters of recommendation (signed and sealed).
  - Sealed school transcript including your GPA and class rank.
  - A recent Photograph with a solid background.
  - College transcripts, if applicable.
- 5. Applicants are responsible for making sure that their files with my office are complete. If you do not submit all materials by the postmarked deadline your application may not be given full consideration. If you require assistance, please contact my Danville District Office at (434) 791-2596.
- 6. Applicants will be contacted for an interview with Congressman Hurt after the application deadline has passed.
- 6. Please note that a Congressional nomination is only part of the process leading to admission to a U.S. Service Academy and it is the responsibility of each applicant to initiate a precandidate file at each Academy to which they are seeking a nomination.



January



## **2011 Application Schedule**

April 1 Applications accepted November 1 Application deadline

November-December Review of completed packets and personal interviews

Nominations made and nominees notified

#### **Check List for Candidates:**

- ☐ 1. Take the SAT/ACT and have scores sent to the Danville District Office.
- 2. Submit signed and completed application.
- 2. Submit three sealed letters of recommendation.
- 3. Submit a sealed official high school transcript including class rank.
- 4. Attach a recent photo with a solid background.
- 5. Submit an Essay 300 words or less on why you would be a good candidate for a U.S. Service Academy.
- ☐ 6. Submit college transcripts, if applicable.

# ALL CORRESPONDENCE AND QUESTIONS RELATED TO YOUR ACADEMY NOMINATION SHOULD BE DIRECTED TO:

Ms. Shani Shorter
Office of Congressman Robert Hurt
308 Craghead Street
Suite #102-D
Danville, Virginia 24541
(434) 791-2596

Email: shani.shorter@mail.house.gov





Applicant's Legal Name:	Last	Firs	st	Middle	:	Su	ffix
					3.6.1		ъ 1
Nickname:					Male	Ч	Female
Home Address in the 5th	District:						
				State	Zip		
Mailing Address (if differ	rent):						
6	/	Number and Street	City	State	Zip		
Home Phone:		Cell I	Phone:				
Place of Birth:		Date	of Birth: _				
		Socia	l Security	Numbe	er:		
		Socia	l Security	Numbe	er:		
II. Family Informat	ion						<b>□</b> Decease
II. Family Informat	ion Last	First	Middle		□Livin	ıg 🛭	<b>1</b> Decease
II. Family Informat Father's Legal Name:	ion Last	First	Middle		□Livin	ıg 🛭	<b>1</b> Decease
II. Family Informat Father's Legal Name: Occupation:	<b>ion</b> Last	FirstTelephone	Middle <b>Number (V</b>		□Livin	ıg 🔽	<b>□</b> Decease
II. Family Informat Father's Legal Name: Occupation:	<b>ion</b> Last	FirstTelephone	Middle <b>Number (V</b>		□Livin	ıg 🔽	<b>1</b> Decease
II. Family Informat Father's Legal Name: Occupation: Mother's Legal Name: _	Last Last	First Telephone	Middle <b>Number (V</b> Middle	<b>Work)</b> : <u>.</u>	□Livin	ng 🗆	Decease Decease
Email Address:  II. Family Informat  Father's Legal Name:  Occupation:  Mother's Legal Name:	Last Last	First Telephone	Middle <b>Number (V</b> Middle	<b>Work)</b> : <u>.</u>	□Livin	ng 🗆	Decease Decease





**III. Educational Information High School** High School: Address: City State Zip Guidance Counselor: \_\_\_\_\_\_ Telephone Number: \_\_\_\_\_ Grade Point Average: Class Standing: of **College/Prepatory School** College/Prepatory School: Address: Number and Street City State Zip Major: Credit Hours Earned: Grade Point Average: IV. Activities and Honors Please check and include the grade (9, 10, 11, 12) if you participated in the following activities and list below any other extracurricular activities (personal, religious, school, athletic, community, etc.) and academic or extracurricular honors or awards received in high school. Boy's State/Nation Girl's State/Nation \_\_\_\_\_ Boy Scouts Key Club \_\_\_\_\_ National Honor Society \_\_\_\_ Chorus/Band Student Government SGA (Student Government)
Beta Club Governo's School ROTC Language Club Other:

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V. Employn	nent	
Please list any	jobs you have held since you	have been in high school:
Dates	Employer/Superviso	or Hours/week
	-	
	-	
VI. Require	ed Standardized Testing	5
List the dates v	when you took or will take the	following tests along with the respective scores
Date:	sessment Test (SAT)	American College Testing (ACT) Date:
Verbal: Math:		English: Math:
Writing:		Composite:
☐ I have not ta	aken the required test(s), but I	plan to take them on the dates indicated:
SAT:	ACT:	
VII. Nomin	ation	
Academy/Aca	demies of Interest (Please R	ank in order from greatest to least interest)
1)		2)
3)		4)





VII. Nomination (Continued) Please check all additional sources you plan to pursue for nomination: ☐ 1. President Barack Obama ☐ 2. Vice President Joseph Biden ☐ 3. Senator Mark Warner ☐ 4. Senator Jim Webb ☐ 5. JROTC ☐ 6. Other VII. Acknowledgment I request that Congressman Hurt consider my application for a Congressional Nomination to the United States Service Academy or Academies that I have listed. I affirm that I have never been convicted or arrested for violating a state or federal statute. VII. Signatures I certify that I am a legal resident of the Fifth Congressional District of Virginia. I understand that the postmark deadline for application is November 1, 2011. If I have not submitted all of the requested information postmarked by the deadline, I understand that my application may not be given full consideration. I, the undersigned, declare that the information I have provided on this application is correct and complete to the best of my knowledge. Candidate Signature: \_\_\_\_\_ Date: I approve of this application and understand that if my child or ward is nominated to a Service Academy, any announcement to the news media will be made by Congressman Hurt's Office. Parental/Guardian Signature: Date:





# **U.S. Service Academy Contact Information:**

#### **U.S. Air Force Academy**

Office of Admissions 2304 Cadet Drive, Suite 200 USAF Academy, CO 80840-5025 Phone: (800) 443-9266 www.usafaa.edu

#### **U.S. Military Academy**

Office of Admissions 606 Thayer Road West Point, NY 10996-1797 Phone: (800) 822-ARMY www.usma.edu

#### **U.S. Coast Guard Academy**

Congressional nominations are not required for admission. For admissions policies, please contact the Academy at: (860) 444-8500.

### U.S. Naval Academy

Office of Admissions 117 Decatur Road Annapolis, MD 21402 Phone: (888) 249-7707 www.usnaa.edu

#### **U.S. Merchant Marine Academy**

Office of Admissions 300 Steamboat Road, Wiley Hall Kings Point, NY 11024-1699 Phone: (866) 546-4778 www.usmma.edu





Letter of	f Recommendation
Print Name	_
Title or Occupation	_
Address	_
City, State, Zip code	_
Phone	_
believe that he/she is a citizen of good cha	whom I have ears. I am not a relative by birth or by marriage, and I racter. My relationship with the applicant I am enclosing additional comments below (please
	Sincerely,
	Signature





Letter	of Recommendation
Print Name	
Title or Occupation	<u> </u>
Address	<u> </u>
City, State, Zip code	<u> </u>
Phone	<u> </u>
believe that he/she is a citizen of good ch	whom I have years. I am not a relative by birth or by marriage, and I haracter. My relationship with the applicant nd I am enclosing additional comments below (please
	Sincerely,
	Signature

\*Please sign and place in a sealed envelope and give to the applicant to be returned with his or her application\*

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Letter	of Recommendation
Print Name	
Title or Occupation	<u> </u>
Address	<u> </u>
City, State, Zip code	<u> </u>
Phone	<u> </u>
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